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The Effective Use of Hypnosis in Schizophrenia: Structure and Strategy

Young Don Pyun

Pyun Neuropsychiatric Clinic, Seoul, South Korea

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THE EFFECTIVE USE OF HYPNOSIS IN SCHIZOPHRENIA: Structure and Strategy

YOUNG DON PYUN

Pyun Neuropsychiatric Clinic, Seoul, South Korea

Abstract: Many schizophrenia patients seek hypnosis when they have not improved with psychopharmacological therapy. However, there has been controversy regarding the use and effectiveness of hypnosis in schizophrenia. Hypnotherapeutic methods such as direct and indirect suggestions, psycho-strengthening suggestions and imagery, hypnoprojective restructuring, guidance, and neutralization of affect associated with delusions have been effective in selected highly hypnotizable patients. Details of the hypnotherapeutic structure and strategy used for managing delusions in schizophrenia are presented with representative cases.

Schizophrenia patients and their families seek hypnosis in hope of improvement. Typically, those patients who seek hypnosis have shown minimal or no therapeutic response to current psychopharmacological and psychosocial therapies.

Schizophrenia is not considered an appropriate indication for hypnosis, because patients with schizophrenia are expected to have low hypnotizability (D. Spiegel, Detrick, & Frischholz, 1982; H. Spiegel & Spiegel, 1978, 2004). However, measures of hypnotic susceptibility have differed among individuals diagnosed with schizophrenia depending upon the assessment scale used. One study found that individuals with schizophrenia scored lower on the Hypnotic Induction Profile than normal college students (4.98 vs. 6.51/10), whereas their scores on the Stanford Hypnotic Susceptibility Scale, Form C, were as high as those of the normal control group (5.83 vs. 6.08/12; Pettinatti et al., 1990). Another study using the Stanford Hypnotic Susceptibility Scale also reported that patients with schizophrenia scored much like the normal group (Kramer & Brennan, 1964). These results may be interpreted as indicating that there is a possible use for hypnosis in schizophrenia.

There have been continuing, albeit intermittent, efforts to apply hypnosis to cases of psychosis (Abrams, 1963, 1964; Baker, 1983; Bowers,

Although some patients did not respond to hypnosis, others have responded well and have shown much improvement. Those who improved showed a decrease or disappearance of most symptoms, including delusions and hallucinations, and they were able to live a near-normal life. In the previous literature, such results have been seen as an indication that the diagnosis was not schizophrenia but rather an acute psychotic disorder (D. Spiegel & Fink, 1979). However, it remains possible that some individuals with true schizophrenia may respond to treatment with hypnosis.

The following representative cases illustrate the patients’ responses to the application of hypnosis and hypnotherapeutic techniques.

**Case 1**

Miss A, who locked herself in her house because of perceived stalkers.

Symptoms

An unmarried 28-year-old woman presented to my office, having been discharged without improvement after 3 months of hospitalization with a diagnosis of schizophrenia, paranoid type. Her chief complaint was that other people could read her thoughts.

She reported that she first felt as if someone were frequently following her during her middle-school years; she had been treated intermittently since that time. She said there were currently so many stalkers around her apartment, which was located on the first floor, that she could not leave the apartment. She stated that they continuously watched her from outside the windows, so she would close the curtains for the entire day. She believed that the stalkers were all male, and they consisted of a variety of characters including famous singers, actors, and rich, middle-aged men. They were all interested in her and wanted to have an affair with her.

She also suffered from murmuring auditory hallucinations all night long that spoke ill of her private life. A mental status exam found such symptoms as ideas of reference, paranoid delusions, auditory hallucinations, visual hallucinations, thought stop, thought insertion, and thought broadcasting. The Korean version of the Minnesota Multiphasic Personality Inventory (MMPI; Kim et al., 1989) showed a profile consistent with schizophrenia. The patient also complained of moderate depression, anxiety, emotional ups and downs, and outbursts of anger.
Recently, she had scratched an aerobic teacher’s car, claiming she wanted to take revenge because the teacher had stalked her.

**Evaluation and Induction**

A Korean version of the Hypnotic Induction Profile (HIP:K), which I created with cooperation and authorization from one of its original authors, David Spiegel, was used (Pyun, 1998). The HIP:K was administered in the first session of hypnotherapy; the patient’s profile score was Intact 3.5, and the induction score was 5.5/10. She responded positively to ideomotor techniques (magnet and arm heaviness), and, after rapid progressive relaxation (r-PR) or brief relaxation, her subjective comfort rating was 9.5 on a 0- to 10-point scale that consisted of a simple questionnaire: “What is the number of the amount of comfort now if your ordinary state is 0 and the most comfortable state you can imagine is 10?” When asked to imagine a comfortable place, she imagined watching the sky from a wooden rocking chair in a forest. Visualization was vivid.

**Methods and Progress**

After induction, direct and indirect suggestions (DIS) for the gradual disappearance of symptoms and the development of a desirable state were given in simple form for the first session. After awakening, the patient said she felt comfortable feelings. Antipsychotics were prescribed (perphenazine 8 mg [perphenazine 10 mg = chlorpromazine 100 mg] and pimozide 2 mg [pimozide 1 mg = chlorpromazine 100 mg]). These were relatively small amounts compared to the medications prescribed previously.

When she came back after a few days, she was in a more stable state, and her clothing looked nearly normal for her age, in contrast to the childlike primary-colored clothes she had worn at the first visit. An r-PR was used as a hypnotic induction, followed by psycho-strengthening suggestions and imagery (PSSI). There are several components of psycho-strengthening suggestions (PSS): (a) unconscious psychological connection with the doctor; (b) unconscious support from the doctor, that is, one feels the existence of the doctor at one’s back for support; (c) hypnotic comfort unconsciously felt whenever anxiety arises; and (d) direct and indirect suggestions for psycho-strengthening in simple forms. Psycho-strengthening imagery (PSI) has the following components: (a) a comfortable feeling occurs and is amplified when imagining the most comfortable place in the world. The feeling occurs in the chest and spreads to the whole body as if air is spreading in a human-shaped balloon until completely full. A suggestion that this feeling strengthens the mind and body is added. (b) The doctor’s comfortable feeling and strong psychological energy pass from the doctor’s hand (touching the
patient’s shoulder or forehead) and spread to the patient’s whole body as if air is spreading in a human-shaped balloon until full.

Hypnoprojective restructuring, a technique that uses imagination and suggestions together in two phases, was performed. In the first phase, while the patient projects his or her undesirable situations (i.e., those that provoke anxiety, fear, depression). They receive the suggestion that those situations will be dropped as if a scab is being peeled away and will be easily dumped. Also, there is a suggestion for the neutralization of undesirable feelings connected with those situations: “The affect associated with these will be neutralized with the comfort of hypnosis.” Later, while the patient projects hopeful future situations, he or she receives suggestions for the implant of a hopeful self-image and the regeneration of a stable psyche as if normal tissue were being regenerated in a wound.

Neutralization of affect and uncomfortable bodily sensations associated with delusional anxiety were also performed. While patients imagine their delusions, associated anxiety and uncomfortable bodily sensations are neutralized with hypnotic comfort itself and suggestions including PSSI. This neutralization makes patients experience their delusions more comfortably.

To resolve past psychological injuries, reinterpretation of meaningful events and affect neutralization through exploration were performed while the patient was in hypnosis. These explorations did not include making the unconscious conscious. Instead, the author speculated on the patient’s unconscious mechanisms and contents related to her symptoms and utilized this for suggestions. Therapy included guidance for her everyday real-life situations in and out of hypnosis.

After seven hypnosis sessions, she became nearly symptom-free except for the continued perceptions of stalkers. However, she opened the window curtains and looked like she was enjoying the stalkers, considering them to be her fans. She could go anywhere she wanted together with several stalkers. The author did not deny the existence of the stalkers but instead suggested that the stalkers would disappear spontaneously if she did not respond to them, adding that it would be better if she were to find a realistic relationship with a man at an appropriate level.

This patient married by means of a marriage agency, keeping her mental illness secret. She said that the number of stalkers had decreased since she was no longer single, and many of them had given her up. She also moved to a high floor of a high-rise apartment building to be free from any other stalkers’ watch. When she went out to the street, she believes that stalkers were still following her, but because she was married and had a husband, their pursuit of her became weak. Her father said that she had now become a normal person. Recently, she claimed that her stalkers had completely disappeared; she now
maintains a near-normal life with the maintenance of a small dose of antipsychotics.

Case 2

Miss B, who was being closely watched in her house.

Symptoms

A 21-year-old female came to see me with her mother after being hospitalized with a diagnosis of schizophrenia, paranoid type. The hospitalization had only aggravated her symptoms. During her admission stay, her hands and mouth had trembled due to her belief that there were many surveillance cameras in the hospital, even in the bathroom. She rarely went out of the house because she believed that several male college classmates were moving around her house and watched her night and day. She had ideas of reference, paranoid delusions, and auditory and visual hallucinations. She also had guilty feelings and depressive symptoms.

In the seventh grade, she was in the same class with a boy who lived upstairs. She could not swallow her saliva, worrying that if she did the boy would think she liked him. Also, during her freshman year at college, her male classmates moved next door, and she perceived them to be watching her, speaking ill of her, and taunting her. She could not leave the house, and she always kept the windows closed. The MMPI showed a profile consistent with schizophrenia.

Evaluation and Induction

Before beginning hypnosis, she said she was afraid that a ghost or devil might emerge from inside her due to hypnosis. Her HIP:K profile score was 3 Soft, and her induction score was 6/10. She responded positively to ideomotor techniques (magnet and arm heaviness), and after r-PR, her subjective comfort rating was 5.5 on a scale of 0 to 10. In the second session, her score increased to 7/10, and after the third session, it was 8.5/10. She felt tension in her head and forehead, pain in her fingers, and uncomfortable heaviness in her toes. These uncomfortable sensations could be relieved by a tense-and-release technique. When asked to imagine a comfortable place, she imagined watching the sky from the rooftop of a European-style building. Visualization was vivid.

Methods and Progress

DIS was given in simple form in the first session. After finishing the initial hypnosis session, she said it had been comfortable and nice. Antipsychotics (haloperidol 1.5 mg [haloperidol 2 mg = chlorpromazine 100 mg] and pimozide 2 mg) were prescribed. These
were relatively small amounts compared with the medications prescribed previously.

During the second hypnosis session, her subjective comfort rating was 7/10 after r-PR. She felt tension in her forehead, which was relieved with direct suggestions. Hypnoprojective restructuring and DIS were given. She said she was less nervous than in the first session.

In the third session, she said she wanted to go to a bakery to buy a piece of cake. In hypnosis, when she imagined going to a bakery, the degree of tension was 10 on a 10-point scale. Her head and neck became stiff; her hands, feet, and mouth were trembling; she felt tension in her stomach; she had chest discomfort with a heartbreaking sensation; and she felt as if her whole body had been wrapped in tape. The author applied techniques to neutralize affect and uncomfortable bodily sensations. After neutralization, she felt comfortable while rehearsing going to a bakery. Her symptoms were very much alleviated, and she felt something had cleared up in her mind. She said it was a new kind of experience.

The next day she went to a bakery and bought a piece of cake with her father. She said she was a little nervous but felt okay, and she said she might be able to go to a bakery alone next time. PSSI and guidance were administered.

Delusions and hallucinations have almost disappeared. She now works in an apparel store and has become more adapted to a social life.

**Case 3**

Mr. C, who was intermittently aggressive toward his mother.

**Symptoms**

A 32-year-old unmarried man came in with his mother, against his will, after several admissions to mental hospitals. He had recently been so aggressive toward his parents that he was about to be rehospitalized. The parents decided to take him for hypnosis as a last resort.

The patient had been overly managed by his parents ever since his childhood. He even had to buy chocolate in secret, because they did not allow it. He still felt anxious whenever he ate chocolate. A mental status exam found paranoid ideation involving violence against his mother. Usually, he was an obedient son. A follow-up appointment was made, but he missed it. When he came back about a month later, he said that he had been hospitalized during that period. Full psychometric evaluation including MMPI during his hospital admission had resulted in a diagnosis of schizophrenia, simple type, or paranoid type.
When asked about his hopes, he said he wanted to be more expressive, decisive, and emotionally stable. He also hoped not to be disturbed if someone spoke ill of him, and he wanted social anxiety symptoms, such as phobic reactions to pretty women and the public, to be cured.

**Evaluation and Induction**

HIP::K showed a 3.5 Soft profile score and a 7.5/10 induction score. He responded positively to ideomotor techniques (magnet and arm heaviness), and after r-PR his subjective comfort rating was 9 on a 10-point scale. In the third session, it reached 10/10, and this 10/10 state was reached in every session thereafter. When asked to imagine a comfortable place, he described walking around a beach with a good friend, picking up some shells, and having nice conversations. Visualization was vivid.

**Methods and Progress**

DIS was given in simple form in the first session. Antipsychotics (olanzapine 5 mg [olanzapine 5 mg = chlorpromazine 100 mg]) that he had taken for the preceding 3 years were maintained.

When he returned a week later, he said he was doing various activities, including going to a Taekwondo class every day (He holds a high rank in martial arts) and going to church for the first time in his life. In the second session, the subjective comfort rating was 10/10 after r-PR. Hypnoprojective restructuring was done. He said he was feeling more comfortable during hypnosis than he had the first time.

In the next visit, he showed great confidence in the doctor. A technique was used to neutralize affect and uncomfortable bodily sensations that came up when he heard someone speak ill of him. To resolve past psychological injuries and meaningful episodes, such as his friends having hurt him emotionally, reinterpretation and affect neutralization through exploration were done while the patient was in hypnosis. Loneliness, the fear of being alienated, and social phobic symptoms were neutralized. PSSI and guidance for everyday real-life situations in and out of hypnosis were done. After 11 hypnosis sessions, he was enjoying a near-normal social life, working in his father’s shop, and participating in his church’s youth community.

**Case 4**

Mrs. D, who was a violent housewife because she thought her mother had seduced her husband.
Symptoms

A 33-year-old housewife, accompanied by her mother and sister, came in 15 years ago with anxiety as her chief complaint. Her history included repeated hospital admissions and discharges, and she had been diagnosed with paranoid schizophrenia or schizoaffective disorder. When she was a junior college student, she had tried desperately to vindicate herself when she believed that her classmates had started a rumor that she was having an affair with a professor. She was brought to a psychiatrist and started medication that she had been taking since then. She was admitted and discharged several times because of paranoid ideation, anxiety, depression, and violent behavior. She was treated with psychopharmacotherapy, and she received 20 treatments with electro-convulsive therapy (ECT). Recently, she attacked and hurt her mother, because Mrs. D thought her 75-year-old mother was trying to seduce her 39-year-old husband. Her MMPI profile showed depression.

Evaluation and Induction

She responded positively to ideomotor techniques (magnet and arm heaviness), and after r-PR her subjective comfort rating was 3 on a 10-point scale in the first session and 8/10 in the second session. After the induction, she felt tension in her spine, both hands, and neck. This tension was relieved with the use of a tense-and-release technique. When asked to imagine a comfortable place, she imagined lying against a big tree in a large green field. Visualization was vivid. Eye-roll sign (H. Spiegel & Spiegel, 1978) was 4; whole HIP:K was not done at that time. An antipsychotic, haloperidol 3 mg, was prescribed.

Methods and Progress

At the next visit 2 weeks later, she said she did not feel anxious and was getting along well with her mother. The author was surprised by this immediate effect and thought that the schizophrenia diagnosis was probably incorrect. After using the tense-and-release technique as an induction method, the patient’s subjective comfort rating was 8/10; some tension felt in her neck was easily relieved. DIS and PSSI were done. After three sessions, the patient said she felt happy. Her antipsychotic dosage was decreased to a minimal level (haloperidol 1.5 mg) and maintained. Hypnotherapy was continued for 8 years. Usually, the patient brought current issues that she wanted to be solved immediately into the session. This was done in each hypnosis session when possible. During 8 years of hypnotherapy, there was no exacerbation of symptoms, and her condition remained stable. Hypnotherapy was discontinued. She lived a relatively normal, everyday life with her family for the next 7 years without hypnosis.
Discussion

The discovery of chlorpromazine 60 years ago was a turning point in the history of schizophrenia treatment. Psychopharmacotherapy has developed significantly and has become a primary treatment modality. In addition, there are various kinds of complementary psychosocial approaches to schizophrenia treatment. Among them, individual cognitive therapy has been applied with some success recently (Beck, Rector, Stolar, & Grant, 2009; Kingdon & Turkington, 2005). However, even with all these modalities, treatment results are still unsatisfactory, and better treatments are demanded. Hypnosis could be helpful, but scientific evidence to support it is lacking, and there is a need for better studies (Izquierdo de Santiago & Khan, 2007).

Four representative schizophrenia cases from an outpatient psychiatric hypnosis clinic have been presented here to illustrate the development of an effective hypnotherapeutic model. All these cases were treated with the same methods and strategies, and the cases share the following common features:

1. Subjective comfort ratings during hypnosis were high in all cases, from 8 to 10 on a 10-point scale. This suggests that the experience of the hypnotic state itself as a comfortable state is important in effectiveness.

2. Hypnotic susceptibility, as measured by ideomotor responses and visual hallucination, was high in these successful cases. All the patients responded positively. Eye-Roll Signs (ERS), considered a biological measure of trance capacity, (Frischholz & Nichols, 2010; H. Spiegel, 1972; H. Spiegel & Spiegel, 2004) were 3.5, 3, 3.5, and 4 on a 4-point scale. However, only 1 patient of 3 showed an intact profile. HIP:K were done in three cases. The other two showed soft profiles, which means the expression of biological trance capacity was blocked. Induction scores were 5.5, 6, and 7.5 on a 10-point scale; with 6 being considered a reference point for those who are not low. This may mean that, although their trance capacity expression may be blocked to some degree by their illness, these patients may experience hypnotic phenomena in another sense. As a whole their ERS scores were high and their suggestibility was good.

3. Nonspecific hypnotherapeutic methods originally devised for those with anxiety disorders, depressive disorders, and conversion disorders were also effective in these individuals with schizophrenia. These methods include direct and indirect suggestions (DIS) for the gradual disappearance of symptoms and the development of a desirable state, psycho-strengthening suggestions and imagery (PSSI), hypnoprojective restructuring, and the neutralization of affect and uncomfortable bodily sensations that accompany delusions. Direct suggestions, once considered the hallmark of hypnosis (Bernheim & Herter, 1889; Erickson, 1989), combined with indirect suggestions (Rosen, 1991) had a rapid effect,
especially in the early phase of hypnotherapy. The mind is conceptualized as something that operates the body. A strong psyche, conceptually, is not disturbed by internal and external stimuli but instead maintains stability against stressors. Affects such as anxiety, fear, depression, and anger can be rapidly stabilized if one has a strong psyche. PSSI aims for this kind of mental state. Hypnoprojective restructuring, borrowed ideas from screen techniques (H. Spiegel & Spiegel, 1978), not only provides cognitive restructuring but also implants a hopeful self-image for the future. Delusional anxiety is neutralized with hypnotic comfort. Neutralization makes patients experience their delusions more comfortably, and this results in the decrease in delusions.

4. Delusions are accepted just as patients describe them (Erickson & Zeig, 1989). With inpatients, cognitive therapists try to change the delusion because the patient’s idea is wrong (Kingdon & Turkington, 2005). However, for outpatients, challenging their delusions may cause them to drop out of therapy. The aim of treating delusions with hypnotherapy is to enable the patient to experience delusions with comfort. Neutralization is an effective method for achieving this aim.

5. Psychotic patients usually are unable to understand that they are delusional. Accordingly, interpretation and uncovering in the psychodynamic sense were not attempted. The author speculated on the patient’s unconscious mechanisms and contents that may have been related to their symptoms and then utilized these speculations to make suggestions rather than interpretations.

6. Therapy includes guidance regarding the patient’s everyday real-life situations in and out of hypnosis, often based on understanding rather than criticizing or reinterpreting the patient’s delusions.

7. Antipsychotics were used, but the dosage was lower (chlorpromazine equivalent 75–300 mg) than the patient’s previous pharmacotherapy. Improvement despite this low dosage suggests that the improvement was a result of the hypnotic therapy. My experience is that hypnosis patients require lower medication dosages than pharmacotherapy-only patients.

A lower medication dosage is beneficial because most side effects are related to the dose. Side effects such as weight gain, metabolic syndrome, neurological effects, and sedation were not reported in any patients. Discontinuing drugs was not considered. In fact, combining the use of antipsychotics with hypnotherapy may improve hypnotherapy’s efficacy. Schizophrenia involves chemical and physical changes in the brain related to ideation and sensation, for example, delusions and hallucinations (Sadock, Sadock, & Ruiz, 2009). Hypnotherapy of this kind utilizes hypnotic phenomena that also involve changes in ideation and sensation.

Structured strategic hypnotherapy combined with medication is effective in selected highly hypnotizable individuals with schizophrenia.
Conclusion

Chronic, recurrent, drug-resistant schizophrenia showed improvement with the combined use of hypnosis and medication. Four representative cases were described. Nonspecific hypnotherapeutic methods such as DIS and PSSI, which were originally devised for less disturbed patients, followed by specific delusion-neutralization techniques were effective in helping patients achieve a near-normal life, individually and socially. A high eye-roll sign, positive responses to ideomotor induction techniques, visualization, and the experience of the hypnotic state as a comfort were common to all cases. Hypnotherapy with specific structures and strategies was effective with the minimal use of antipsychotics in highly hypnotizable individuals with schizophrenia.

References


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**Der effektive Gebrauch von Hypnose bei Schizophrenie : Struktur und Strategie**

**Young Don Pyun**


**Stephanie Reigel, MD**
L’utilisation efficace de l’hypnose chez des personnes schizophrènes : Structure et stratégie

Young Don Pyun

Résumé: De nombreux patients atteints de schizophrénie recherchent l’hypnose lorsque leur état ne s’améliore pas avec la thérapie psychopharmacologique. Cependant, il existe une controverse au sujet de l’usage et de l’efficacité de l’hypnose dans le traitement de la schizophrénie. Les méthodes hypnothérapeutiques, comme les suggestions directes ou indirectes, les suggestions et l’imagerie de renforcement psychologique, la restructuration hypnoprotejctive, les conseils et la neutralisation de l’effet associé aux transes ont été efficaces chez certains patients hautement hypnotisables. Les détails de la structure hypnothérapeutique et de la stratégie employées pour gérer les transes schizophrènes y sont présentés avec des études de cas représentatifs.

Johanne Reynault
C. Tr. (STIBC)

El uso efectivo de la hipnosis en la esquizofrenia: Estructura y estrategia

Young Don Pyun

Resumen: Muchos pacientes con esquizofrenia buscan la hipnosis cuando no han mejorado con terapia psicofarmacológica. Sin embargo, ha habido una controversia sobre el uso y la eficacia de la hipnosis para la esquizofrenia. Los métodos hipnoterapéuticos como las sugerencias directas e indirectas, sugerencias y visualizaciones de fortalecimiento psicológico, reestructuración hipnoproyectiva, guía y neutralización del afecto asociado a delirios, han sido eficaces en algunos pacientes altamente hipnotizables. Se presentan los detalles sobre la estructura y la estrategia de la hipnoterapia utilizada para el manejo de delirios en esquizofrenia junto con casos representativos.

Omar Sánchez-Armáss Cappello, PhD
Autonomous University of San Luis Potosi, Mexico